

Express Mail Mailing Label No.: EV926974370US

TRANSMITTAL  
FORM

Application Serial Number	10/751,736
Filing Date	January 6, 2004
First Named Inventor	Martinez
Group Art Unit	1642
Examiner Name	Yao, Lei
Attorney Docket No.	WYE-031
Patent No.	Not applicable
Issue Date	Not applicable


## ENCLOSURES (check all that apply)

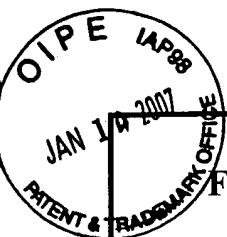
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input checked="" type="checkbox"/> Petition for Extension of Time  <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations B1-B5 and C1-C3  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)  <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8  <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)  <input checked="" type="checkbox"/> Declaration of Robert Vincent Martinez Under 37 C.F.R. §1.132
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Kirkpatrick & Lockhart Preston  
Gates Ellis LLP  
State Street Financial Center  
One Lincoln Street  
Boston, MA 02111-2950  
Tel. No.: (617) 261-3100  
Fax No.: (617) 261-3175

## SIGNATURE BLOCK

Respectfully submitted,  
  
Date: January 10, 2007  
Reg. No. 48,645  
Tel. No.: (617) 261-3169  
Fax No.: (617) 261-3175  
Brian A. Fairchild, Ph.D.  
Attorney for Applicants  
Kirkpatrick & Lockhart Preston  
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**FEE TRANSMITTAL  
FY 2007***Complete if Known*

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Examiner Name	Yao, Lei
Attorney Docket No.	WYE-031

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

**FEE CALCULATION****1. FILING/SEARCH/EXAM/SIZE FEES****Large Entity**

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
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Total Claims	- 20 =		x \$ 50.00 =	
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Independent Claims	- 3 =		x \$200.00 =	
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☐ Multiple Dependent Claim(s), if any \$360.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

**SUBTOTAL (1)** (\$) 0.00**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 50.00 =	
Indep.	-	=	x \$200.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00 =	

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

**SUBTOTAL (2)** (\$)0.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
120	60	Extension for reply within first month	
450	225	Extension for reply within second month	
1020	510	Extension for reply within third month	1,020.00
1590	795	Extension for reply within fourth month	
2160	1080	Extension for reply within fifth month	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1000	500	Request for oral hearing	
400	400	Petitions to the Commissioner (Gp. I)	
200	200	Petitions to the Commissioner (Gp. II)	
130	130	Petitions to the Commissioner (Gp. III)	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)		Request for Continued Examination	790.00
Other fee (Specify)			

**SUBTOTAL (3)** (\$) 1,810.00

SUBTOTAL (1) 0.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 1,810.00

**TOTAL** (\$) 1,810.00**CORRESPONDENCE ADDRESS**

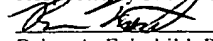
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Brian A. Fairchild, Ph.D.  
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